

Using Public Relations Techniques to Eradicate Female Genital Mutilation in Bayelsa State

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Abstract

This study investigated the use of public relations techniques to eradicate female genital mutilation among young women/girls in Toru-Abubu local government area of Bayelsa State. The objective of the study was to examine how Public Relations programmes could create awareness on the hazards of female genital mutilation. The survey research design was adopted for the study, with the population of two hundred and twenty (220) respondents comprising the youths, adult men and women randomly selected from five social groups in the areas. Structured questionnaire was developed and used as the instrument for the study. The data analysed using inferential statistical tool was presented in frequency and percentage table. The hypothesis postulated was tested with chi-square test aided by computer through the application of Statistical Package for Social Sciences (SPSS 23 version). The study recommended that; penalty backed by law should be instituted by the government to punish anyone caught still practicing female genital mutilation and that Public Relations programmes such as the family health education should be invested in, so as to create more awareness and better education of women/girls on the harmful effect of female genital mutilation in the country.

Keywords: Public relations, Female, Genital mutilation, Toru-Abubu, Etc.

Introduction

It is generally believed that the welfare of children should be a key point in the overall development since their survival, protection and development are the pre-requisite for the future development of humanity. Akinyele, (1993) is of the opinion that acts considered inimical to the health, development and welfare of children should be carefully examined to ascertain their desirability. In spite of this, the desirability and preservation of the rights of children have not become a crucial part of the essences of our constitution.

It is rather surprising that in this face of civilization, there still exist various violent and harmful acts like female genital mutilation against womanhood. This cultural practice which is inimical to the health of women in the country has not been prevented by the constitution. Itulah, (1999) explained this practice as the total or partial removal of the female genital such as vulva, the two labia minora and majora, the clitoris, the clitoral prepuce, the vagina orifice and the urinary meatus. The cultural practice of female genital mutilation has come under severe criticism and condemnation by many women groups and international organizations. The practice, no doubt, destroys a woman's sensitivity during sex and could leads to severe bleeding and even death of helpless victims. Jacobs, (1999) described the practice as man's in-humanity to women and that negates humanity's philosophical desire for happiness because of the unnecessary pain it inflicts on the victim.

It could be observed that the cultural practice of female genital mutilation exists in most African communities especially among the rural dwellers. The adherence to this cultural practice is deeply rooted in African people kinship, ties, lineages, ancestors, parenthood and extended family system, handed down from generation to generation. This practice has continued to endure among many African people in spite the societal modernization, in the form of Islamic, Christianity and Western education and civilization as well as the availability of modern medical knowledge. Akinyele, (1993) revealed that this harmful traditional practice has health implications and yet is persisting up to contemporary times on the children, thereby, affecting their growth and development.

To majority of people the only reason why the obnoxious practice has survived this long is the absence of a law against it. The practice has become archaic even as it is unbiblical and man-made. Consequently, efforts have been made by same legislators at the ideal, states and federal levels towards proposing a law against the practice, but these efforts have not yielded any good result as the practice is still common in the society. This research, therefore investigated the impact of Public Relations strategies on the eradication of female genital mutilation in Bayelsa State.

Problem Statement

Female genital mutilation is termed to be evil due to the cruel nature of the exercise and scar left after the operations that usually deprives women of life time sexual satisfaction. The crude tool used for the operation the un-hygienic encroachment and heartless manner the operation is carried out called for its abrogation. The

operation is often performed with or without the consent of the parents by un-trained traditional birth attendants or aged male barbers who use blunt unsterilized knives, razors, or sharp stones and even their fingers.

The problems allegedly associated from the exercise include: painful menstruation, painful intercourse, vesico or rectal vagina fistulae, and death. The growths of dermatoid cysts and clitoris scars which could prevent women from walking with ease. The exercise exposes women to psychological and health hazards and abuses female fundamental human and reproductive rights. The practice creates room for HIV/AIDS infection. These problems could worsen in the near future if necessary efforts are not made to put a stop to the practice as soon possible. This study, therefore was designed to find solutions to the practice of female genital mutilation particularly in Niger Delta through the adoption of public relations strategies.

Purpose of the Study

The purpose of this research work was to:

Examine how Public Relations programmes/strategies could create awareness on the hazards of female genital mutilation.

Research Questions

The following research question was used to carry-out the study:

To what extent do the Public Relations programmes create awareness on the hazards of female genital mutilation?

Research Hypothesis

Public Relations programmes do not create awareness on the hazards of female genital mutilation

Literature Review

The Concept of Female Genital Mutilation (FGM)

Female Genital Mutilation is the term used to refer to the removal of the part, or all, of the female genitalia. The most severe form is infibulations, also known as Pharaonic circumcision. According to the Women Health and Action Research Centre (WHARC), an estimated 15% of ail mutilations in Africa are infibulations. The procedure consists of clitoridectomy (where all, or part of the clitoris is removed), excision (removal of all or part of the labia minora), and cutting of the labia majora to create raw surfaces, which are then stitched or held together in order to form a cover over the vagina when they heal. A small hole is left to allow urine and menstrual blood to escape. In some less conventional forms of infibulations, less tissue is removed and a larger opening is left (Itulah, 1999).

According to the International Reproductive Rights Research Action Group (IRRRAG), the vast majority (85%) of genital mutilation performed in Africa consist of clitoridectomy or excision. The least radical procedure consists of the removal of the clitoral hood. In some traditions a ceremony is held, but no mutilation of the genitals occurs. The ritual may include holding a knife next to the genitals, pricking the clitoris, cutting some public hair, or light scarification in the genital or upper thigh area.

Jacobs (1999) argued that the type of mutilation practised, the age at which it is carried out, and the way in which it is done varies according to a variety of factors, including the woman or- girl's ethnic group, what country they are living in whether in a rural or urban area and their socio-economic provenance. The procedure is carried out at a variety of ages, ranging from shortly after birth to sometime during the first pregnancy, but most commonly occurs between the ages of four and eight. According to the World Health Organization (WHO), the average age is falling. This indicates that the practice is decreasingly associated with initiation into adulthood, and this is believed to be particularly the case in the urban centers.

Some girls undergo genital mutilation alone, but mutilation is more often undergone as a group of people, for example, sisters, other close female relatives or neighbours where female genital mutilation is carried out as part of an initiation ceremony, as is the case in societies in Eastern, Central and Western Africa. It is more likely to be carried out on the girls in the community who belong to a particular age group (Akinyele, 1993).

The procedure may be carried out in the girl's home or the home of a relative or neighbour in a health center, or, especially if associated with initiation, at a specially designed site, such as a particular tree or river. The person performing the mutilation may be an older woman, a traditional midwife or healer, a barber, or a qualified midwife or doctor. Girls undergoing the procedure have varying degrees of knowledge about what will happen to them. Sometimes the event is associated with festivities and gifts. Girls are exhorted to be brave where the mutilation is part of an initiation rite, the festivities may be major events for the community. Usually only women are allowed to be present.

According to Akinyele (1993), sometimes a trained midwife will be available to give a local anesthetic treatment. In some cultures, girls will be told to sit before hand in cold water, to numb the area and reduce the likelihood of bleeding. More commonly, however, no steps are taken to reduce the pain. The girl is immobilized, held usually by older women, with her legs open. Mutilation may be carried out using broken glass, a tin lid, scissors, a razor blade or some other sharp/cutting instrument. When infibulations takes place, thorns or stitches

may be used to hold the two sides of the labia. Majora together and the legs may be bound together for up to 40 days. Antiseptic powder may be applied, or more usually, paste-containing herbs, milk, eggs, ashes or dung—which are believed to facilitate healing. The girl may be taken to a specially designated place to recover, where if the mutilation has been carried out as part of an initiation ceremony, traditional teaching is imparted. For the very rich, the mutilation procedure may be performed by a qualified doctor in hospital under local or general anesthetic.

An estimated 135 million of the world's girls and women have undergone genital mutilation, and two million girls a year are at risk of undergoing mutilation. Approximately 6,000 per day. It is practiced extensively in Africa and is common in some countries in the Middle East. It also occurs mainly among immigrant communities, in parts of Asia and the Pacific, North and Latin America and Europe (Itulah, 1999).

Female Genital Mutilation and its Effect on the Women

The effect of genital mutilation can lead to death. At the time the mutilation is carried out, pain, shock, haemorrhage and damage to the organs surrounding the clitoris and labia can occur. Afterwards, urine may be retained and serious infection developed. Use of the same instrument on several girls without sterilization can cause the spread of HIV (Okon, 1998).

More commonly, the chronic infections “intermittent bleeding, abscesses and small benign tumours of which can result to clitoridectomy and excision may cause discomfort and extreme pain. Infibulation can have even more serious long-term effects. Chronic urinary tract infections, stones in the bladder and urethra, kidney damage, reproductive tract infections resulting from obstructed menstrual flows, pelvic infections, infertility, excessive scar tissue, keloids (raised, irregularly shaped, progressively enlarging scars) and dermoid cysts.

According to Okon (1998), first sexual intercourse can only take place after gradual and painful dilation of the opening left after mutilation. In some cases cutting is necessary before intercourse can take place. In one study carried out in Sudan, about 15% of the women interviewed reported that cutting was necessary before penetration could be achieved. Some new wives are seriously damaged by unskillful cutting carried out by their husbands. A possible additional problem resulting from all types of female genital mutilation is that lasting damage to the genital area can increase the risk of HIV transmission during intercourse.

According to the International Reproductive Rights Research Action Group, during childbirth, existing scar tissue on excised women may tear. Infibulated women, whose genitals have been tightly closed, have to be cut to allow the baby to emerge. If no attendant is present to do this, primeval tears or obstructed can occur. After giving birth, women are often, reinfibulated to make them “tight” for their husbands. The constant cutting and re-stitching of a woman's genitals with each birth can result in tough scar tissue in the genital area.

The secrecy surrounding female genital mutilation and the protection of those who carry it out make collecting data about complications resulting from mutilation difficult. When problems do occur, they are rarely attributed to the person who performed the mutilation. They are more likely to be blamed on the girls alleged “promiscuity” or the fact that sacrifices or rituals were not carried out properly by the parents. Most information is collected retrospectively, often a long time after the event. This means that one has to rely on the accuracy of the woman's memory, her own assessment of the severity of any resulting complications, and her perception of whether any health problems were associated with mutilation (Okon, 1998).

Some data on the short and long term medical effects of female genital mutilation, including those associated with pregnancy have been collected in hospital or clinic-based studies and this has been useful in acquiring knowledge of the range of health problems that can result. However, the incidence of these problems and that of deaths as a result of mutilation, cannot be reliably estimated. Proponents of the practice claim that major complications and problems are rare, while opponents of the practice claims that they are frequent.

Genital mutilation can make first intercourse an ordeal for the women; it can be extremely painful and even dangerous if the woman has to be cut open. For some women, intercourse remains painful. Even where this is not the case, the importance of the clitoris in experiencing sexual pleasure and orgasm suggest that mutilation involving partial or complete clitoridectomy would adversely affect sexual fulfillment, clinical considerations and the majority of studies on women's enjoyment of sex suggest that genital mutilation does impair a woman's enjoyment. However, one study found that 90% of the infibulated women interviewed reported experiencing orgasm. The mechanisms involved in sexual enjoyment and orgasm are still not fully understood, but it is thought that compensatory processes, some of them psychologically, may mitigate some of the effects of removal of the clitoris and other sensitive parts of the genitals. Amadi (2017) posited that the psychological effects of female genital mutilation are more difficult to investigate scientifically than the physical ones. According to him, a small number of clinical cases of psychological illness related to genital mutilation have been reported. Despite the lack of scientific evidence, personal accounts of mutilation reveal feeling of anxiety, terror, humiliation and betrayal, all of which would be likely to have long-term negative effects. Some experts suggest that the shock and trauma of the operation may contribute to the behaviour described as “calmer” and “docile”, considered positive in societies that practice female genital mutilation.

Festivities presents and special attention at the time of mutilation may mitigate some of the trauma experienced, but the most important psychological effects on a woman who has survived it is the feeling that she is acceptable to her society, having upheld the traditions of her culture and qualifies her for marriage. It is possible that women who did not undergo genital mutilation could suffer psychological problems as a result of rejection by the society. Where the female genital mutilation practicing community is in a minority, women are thought to be particularly vulnerable to psychological problems, caught as they are between the social norms of their own community and those of the majority culture (Jacobs, 1999).

Assessment of Unesco, Unicef And Unaid On Female Genital Mutilation

The health problems of African female children as UNESCO, UNICEF and UNAIDS (1997/98) surveys shows that preponderant coupled with recent outbreak of diseases like HIV/AIDS,

UNAIDS (1998) report on HIV/AIDS disease prevalence in Africa indicates that: Young people account for at least 50% of all those who become infested after infancy and also account for a good percentage of the global Aids related deaths so far, of the 2.5 million people who died of Aids in 1998, 510,000 were female children under the, age of 15. An estimate 62 million orphans below 15 years of age were alive at the end of 1997, struggling to survive after the death of their mothers from AIDS. More than 95% of these children live in Africa (UNAIDS,1998).

The implication of the above shows that the condition of African children is disastrous coupled with traditional practices such as the female circumcision. In the case of female circumcision, Itulan (1999) contended that: it is cared out at various stage in the life cycle, - but in nearly 70% of cases were in babies. It usually takes place early in life, between the ages of 1 and 10 years and often time within the first eight days of birth. Circumcisers are usually native doctors. This harmful traditional practice coupled - with teenage pregnancies produces serious gynecological complication during child birth resulting in WF as James and Douglas (2000) Observed when she wrote that “Vesco vaginal fistula (WF) is one of the worst morbidities associated with delivery. WF is an abnormal opening of the vaginal wall to the bladder or rectum or both at the same time that results in the leakage of urine or faces or both”. The victims are often psychologically depressed for life.

According to UNESCO, the harmful traditional practice is relatively on the decline in the urban centers and cities in Africa where educated elites of bureaucrats reside, but that it is still prevelant mostly in rural areas or communities where tradition is practiced amongst the people. The UNICEF maintains that children born in the modern hospitals / clinics / maternity centers are less likely to be exposed to the female circumcision due to the medical advice from modern midwives or members of the “health team”. Where home deliveries occur and the children are brought up on the local setting or returned migrants to the villages, or hamlets, this traditional practices is perpetrated on the innocent children (UNESCO, 1993 report on the female circumcision matters). The report shows further that in some African cities, the core traditionalists still send their children to their grandparents or members of the extended families to perform the circumcision.

The Influence of Public Relations Strategies on the Eradication of the Practice of Female Genital Mutilation

According to Blang (1973), the desire of any group of people is to improve their health standard by evolving health strategies to prevent, limit and control diseases. A person needs good physical and mental health to live as well. Complementing this is the need for the social well-being and good neighbourliness, as these influence the behaviour of people.

Knowledge of the hygiene and other health activities are transmitted to citizens through, messages in pictures, broadcast, lessons and practices at adult literacy centers. Public Relation becomes an essential outlet for training the people on good health habits and demands. Illiteracy and poverty among the rural dwellers affects their health habits. These problems coupled with ‘ignorance, could be solved overtime through training’ in adult programmes. In this respect, Lucas (1991) identified five examples of use of health science in Public Relations which includes but not limited to child care, prevention of diseases, care of pregnant women, health, human, environment and normal structure and functions of the human body.

According to Lucas (1991), female genital mutilation is traditional cultural practice in most African communities especially among the rural dwellers. It also exist amongst the pastoralist, agriculturalists, artisans as well as some bureaucrats and elites in the township and cities in Africa. The adherence to these norms and values are deeply rooted in African peoples, such as kinship ties, lineages parenthood and extended family system. On the basis of this, through Public Relation programmed, both the youths and adults in the rural areas and cities are encouraged to practice African tradition and maintain their cherished heritages without cost, including their dear lives.

Public Relation suggests that if we lose our dear lives, our tradition will also lost. It is the people that

transmit and recreate their cultural values system.

Itulan (1999) stressed that traditional practice like female genital mutilation has been identified in the Public Relations Programmes as harmful in the society. He maintained that programmes in Public Relations have helped a lot in disseminating information on the dangers surrounding the female genital mutilation. It can be observe today that the awareness created on the danger of the female circumcision through Public Relation programmes has made people particularly the rural dwellers to turn their back against this harmful practice.

Research Design

The researcher adopted the sample survey research design for the study. This is a data recovery technique, whereby, information was collected to make statement of generalization about an existing phenomenon.

Study Area

This study covered three communities in Bayelsa State. The communities covered by the study in the area includes Elemebiri, Aduku and Igangama

Population of Study and Sample

The population for this study was made up of women groups, youth and age groups in the area, where two hundred and twenty (220) adults comprising the youths, adult men and women were randomly selected from the five social groups in the areas. The distribution of sample is as shown below:

Table 1. Distribution of Sample

S/NO	Names of Social Group	No. Of Sample
1.	Toru-Abubu Progressive Union	45
2.	Niger Delta Daughters	40
3.	Dynamic women association of Toru-Abubu	45
4.	The Ultimate ladies Association	46
5.	Sisters of love Association	44
	Total	220

Instrument for Data Collection

The instrument used for this study was the questionnaire. The questionnaire was validated through test re-test approach.

Method of Data Analysis

Data analysis adopted for the study was the sample percentage.

Results Presentation

Research Question

To what extent do the Public Relations programmes created awareness on the hazards 'of genital mutilation?

Table 2 Response on the extent Public Relations programmes create awareness on the hazards 'of genital mutilation n = 209

S/N	Items	Strongly agree Frq (%)	Agree Frq (%)	Disagree Frq (%)	Strongly Disagree Frq (%)
1	Public Relation programmes create awareness on the hazards of female genital mutilation	102 (48.8)	84 (40.2)	18 (8.6)	5 (2.4)
2	There have been public relation programmes such as family health education in this community	105 (50.2)	76 (36.4)	15 (7.2)	13 (6.2)
3	The participants (women) are sensitized on the physical and psychological problems associated with female genital mutilation	103 (49.3)	83 (39.7)	9 (4.3)	14 (6.7)
4	Through Public Relation programmes, they are able to understand the female genital mutilation is harmful and can hinder the socio-economic development of the society if not checked	88 (42.1)	73 (34.9)	28 (13.4)	20 (9.6)

Table 2 shows the response on the questionnaire items. It shows that 102 (48.8%) of the respondents

strongly agreed that public relations programmes create awareness on the hazards of female genital mutilation, 84 (40.2%) of them agreed and 18 (8.6%) disagree, while 5 (2.4%) of them strongly disagree. It also shows that 105 (50.2%) of the respondents strongly agreed that There have been public relations programmes such as family health education in their community, 76 (36.4%) of them were in agreement and 15 (7.2%) disagree, while 13 (6.2%) of them strongly disagree. 103 (49.3%) of them strongly agreed that the participants (women) are sensitized on the physical and psychological problems associated with female genital mutilation, 83 (39.7%) of them agree while 9 (4.3%) and 14 (6.7%) of the respondents disagreed and strongly disagreed respectively that the programmes have enlightened their understanding of female genital mutilation. Finally, 88 (42.1%) of them strongly agreed that through Public Relations programmes, they are able to understand that female genital mutilation is harmful and could hinder the socio-economic development of the society if not checked, 73 (34.9%) of them agreed and 28 (13.4%) of them disagreed while 20 (9.6%) were in strong disagreement with the assertion that the family health education created awareness on the hazards of female genital mutilation in the society. The descriptive analysis in the table above indicates that public relations programmes created awareness on the hazards of female genital mutilation.

Test of Hypotheses

Statement of Hypothesis

H₀, Public Relations programmes do not created awareness on the hazards of female genital mutilation

H₁, Public Relations programmes create awareness on the hazards of female genital mutilation

Table 3. Observed and expected frequency for testing how public relations programmes creates awareness on the hazards of female genital mutilation

	Observed N	Expected N	Residual
Strongly agree	398	209.0	189.0
Agree	316	209.0	107.0
Disagree	70	209.0	-139.0
Strongly disagree	52	209.0	-157.0
Total	836		

Source: SPSS version 23

Table 4 Test Statistics

Chi-Square	436.077 ^a
df	3
Asymp. Sig.	.000

Source: SPSS version 23

a. 0 cells (0.0%) have expected frequencies less than 5. The minimum expected cell frequency is 209.0.

Table 4.2.1 is the output of the computed Chi-Square values from the observed and expected frequencies with the response options of strongly agree to strongly disagree based on the responses of respondents. Pearson Chi-Square computed value ($X^2_c = 436.077$) is greater than the Chi-Square tabulated value ($X^2_t = 7.81$) with 3 degrees of freedom (df) at 0.05 level of alpha ($X^2_c = 436.077$, $p < .05$).

Decision Rule

The decision rule is to accept alternate hypothesis if the computed Chi-Square value is greater than tabulated Chi-Square value otherwise reject the null hypothesis.

Decision

Since the Pearson Chi-square computed $X^2_c = 436.077$ is greater than Chi-Square table value $X^2_t = 7.81$, the null hypothesis is rejected and the alternate hypothesis is accepted. Thus, Public Relation programmes create awareness on the hazards of female genital mutilation

Discussion of Results

The results of the data collected revealed that Public Relations has played a vital roles in the eradication of female genital mutilation in the society. In table 4.1, the results of the study showed that 89.0%; 86.6%; 89.0% and 77.0% were in agreement that Public Relation programmes do create awareness on the hazards of female genital mutilation. While 11.0%; 13.4%; 11.0% and 23.0% of them were in disagreement with the statement due to their level of understanding. The larger percentage of the respondents agreed that in Public Relations, programmes, the participants (women) are sensitized on the physical and psychological problems associated with female genital mutilation. They further agreed that through Public Relations programmes, they were able to

understand that female genital mutilation was harmful and could hinder the socio-economic development of the society if not checked. On the basis of this, it can be agreed with the respondents that Public Relations programmes such as the family health education created awareness on the hazards of female genital mutilation in the society.

Summary of Findings

- In public relations programmes, the participants (women) are sensitized on the physical and psychological problems associated with female genital mutilation.
- through Public Relations programmes, participants were able to understand that female genital mutilation is harmful and could hinder the socio-economic development of the society if not checked.
- Public Relations programmes created awareness on the hazards of female genital mutilation.

Conclusion

From the findings of this study, this work concludes that customs and tradition are by far the most frequently cited reasons for female genital mutilation. Along with other, physical or behavioural characteristics, female genital mutilation defines individuals in any social groups. This is most obvious where mutilation was carried out as part of the initiation into adulthood. Many people in female genital mutilation practicing societies, especially traditional rural communities, regard this cultural practice as normal that they could imagine a woman who has not undergone mutilation. Others are quoted as saying that only outsiders or foreigners were not genitally mutilated. A girl cannot be considered an adult in a FGM - practicing society unless she has undergone female genital mutilation.

In many societies today, this cultural practice is gradually fading away due to the awareness created by Public Relation programmes in regard to the hazards of female genital mutilation.

Recommendation

- Female genital mutilation is harmful and can hinder the socio-economic development of the society if not checked; therefore, more efforts should be made by the necessary agencies to discourage the act.
- Penalty backed by law should be instituted by the government to punish anyone caught still practicing female genital mutilation
- Public Relation programmes such as family health education should be invested in, so to create more awareness and better education women/girls and the harmful effect of female genital mutilation

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